

PATENT APPLICATION SERIAL NO. 10/518517

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/29/2004 SNAJARRO 00000068 10518517

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP

Ref: 05/02/2005 KBALTIMO 0017045800  
Date: 05/02/05 Name/Number: 10518517  
FC: 9204 \$100.00 CR

Adjustment date: 06/02/2005 KBALTIMO  
12/29/2004 SNAJARRO 00000068 10518517  
02 FC:1632 -500.00 OP

06/02/2005 KBALTIMO 00000006 10518517

01 FC:1642 400.00 OP

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/1/05</u>		2 Serial/Patent # <u>10/318517</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check							
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> </tr> </table>		2	5	--	0	1	2	0
2	5	--	0	1	2	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kara Lewis (Baltimore)</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Kara Lewis</u>		PHONE: <u>(703) 308-9140</u>								
OFFICE: <u>DO/EO</u>		<u>ext 202</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*